

RELEASE, HOLD HARMLESS AGREEMENT
and AUTHORIZATION

Date: _____

Name of Participant:

(Last, First, Middle Initial)

I authorize my child named above to participate and climb in the Army National Guard's Recruiting and Retention Resource Management's Rock Wall on _____. I understand that participation is voluntary and that while care and attention will be given to the health and safety of the participants, the Rhode Island National Guard, the State of Rhode Island and the United States of America, their agents, servants and/or employees shall not be liable for injury or death sustained by my child while participating in this activity. I understand that participation in this Rock Wall Climb activity involves risk of injury or death and I accept and assume sole responsibility and liability for my child for such risks.

I hereby release the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees of and from any and all claims, demands, damages, losses, expenses relating to all harm, personal injuries or death, including but not limited to those resulting from negligence, that my child may sustain which in any way relate to or arise out of my child's participation in the Low Ropes and/or High Ropes Course activities. I shall indemnify and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants and/or employees from and against any and all claims, demands, damages, losses, expenses, attorneys fees, actions, causes of action, suits or judgments by or on behalf of my said child, his/her heirs, executors, administrators, successors/assigns, or any other person or persons on his/her behalf, arising from or in any way relating to any harm, personal injuries or death, that my child may sustain as a result of my child's participation in the Rock Wall Climb activity.

I hereby authorize the Rhode Island National Guard to secure such emergency medical advice and/or services as may be necessary for the health and safety of my child and I agree to accept full financial responsibility for any such medical advice and services.

I understand that Rhode Island news media and the Rhode Island National Guard may view, photograph, and/or film portions of the Rock Wall Climb activity and interview participants. I authorize the use and/or publication of my child's photograph, image, quote and/or voice in connection with his/her participation in the Rock Wall Climb activity.

Signature of Parent/Guardian:
